



ST. FRANCIS XAVIER ALUMNAE ASSOCIATION
APPLICATION FOR CATHOLIC HIGH SCHOOL SCHOLARSHIP
www.stxaverialumnae.org

Selection Criteria

To be eligible for the St. Francis Xavier Alumnae Association Scholarship, each applicant must be a student who is currently attending a Catholic High School or who has been accepted and is entering a Catholic high school. The individual must be either *a child, grandchild, niece, nephew, and/or foster child of a graduate of Saint Francis Xavier Academy formerly located in Providence, Rhode Island or Saint Xavier Academy, formerly located in Coventry, Rhode Island. The graduate sponsoring this applicant must be a current dues-paying member of the St. Francis Xavier Alumnae Association.*

Applications must be completed in full in order to be considered for these awards. Applicants should be nominated by only one sponsor. (Having more than one sponsor does not increase the applicant's award.) Students are eligible even if they have received aid from another source or they have received an SXA scholarship in the past.

These scholarships are based on merit and student need.
The number and amount of these scholarships will be determined annually.
The applicant's school may be asked to provide additional information to the Scholarship Committee.
The contents of this application will be used only for the purpose of this scholarship.

DEADLINE DATE: Completed applications must be received no later than **June 29, 2018.**

APPLICATION

To be completed by sponsor:

Date Submitted _____

_____ I am a current dues-paying member of the St. Francis Xavier Alumnae Association.

Name of Sponsor _____

Street _____ City _____ State _____ Zip _____

Contact Telephone Number _____ E-Mail _____

Year of Graduation from the Academy _____

Relationship to Applicant

The applicant is my
Child Grandchild Niece Nephew Foster Child

To be Completed by Parents/Guardians PLEASE PRINT CLEARLY

Name of Student _____ Grade in 2018-19 _____

Name(s) of parent(s)/guardian(s) _____

Student Street Address _____ State _____ Zip _____

Family Telephone Number _____

Parent(s)/Guardian(s) Address if different from above: _____

Parent's E-mail _____

Check one of the following:

_____ 2 parents in household responsible for tuition _____ 1 parent in household responsible for tuition

or _____ Describe circumstances different from those above _____

From IRS Form 1040 or 1040a for 2017:

Total number of exemptions = _____

Line 22 (Total Income) = _____

Family Total Adjusted Gross Income (Form 1040 Line 37, Form 1040a 2017) = _____

Please attach to this application:

A copy of 2017 IRS Form 1040 or 1040a Page 1, which includes line 22 and line 37.

(The forms should be from the household responsible for the tuition.)

Name of Catholic high school _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Name of Principal _____

All of the following must be submitted in order to be considered for a scholarship award:

- A copy of the applicant's latest grades
- Parent Statement: Explanation of this family's circumstances and any special information
- Student Essay
- A copy of IRS Form 1040 or 1040a for 2017 (Block out SS number at your discretion.)

A Student Essay must be submitted with this application. It must be between 300 and 500 words, typed and 1.5 spaced. The student's name should be on each numbered page of the essay.

Criteria for Evaluation: Clarity, quality of writing, and sincerity of essay.

Topic: "A Catholic school education is important to my life because"

Please provide the following information for any dependents or household members (including the applicant) for whom tuition is paid:

PRINT CLEARLY

Elementary and Middle School Students

Name	Relationship in Family	Grade	School	Full Tuition	Financial Aid Awarded		Total Tuition Paid by Family	Monthly Payment
					Circle Year 2018	2019		

High School Students

Name	Relationship in Family	Grade	School	Full Tuition	Financial Aid Awarded		Total Tuition Paid by Family	Monthly Payment
					Circle Year 2018	2019		

College Students (All information for Current Year)

Name	Relationship in family	Year	College	TOTAL Full Year Tuition 2018	Financial Aid Scholarships Work Study	DEDUCTIONS		PAID BY PARENTS	
						Student Loans 2018	Annual Tuition Adjusted 2018	Monthly Tuition Payment	

Certification and Signatures

I(we) certify that the information on this application is true and complete to the best of my (our) knowledge. I (we) shall provide on request, any information required to verify information given above. I (we) realize that if I (we) do not comply with requests for information, eligibility for scholarship will be lost. I (we) give permission to the school to release transcripts and provide recommendations of merit and need to the St. Francis Xavier Alumnae Association Scholarship committee for the sole purpose of this application. All information will remain confidential.

Signatures:

Parent (Legal Guardian) of applicant _____

Applicant (Student) _____

Sponsor (Dues-paying Member of SXA Alumnae) _____

Date of Submission _____

**Please mail completed application to:
Scholarship Committee
St. Francis Xavier Alumnae Association
P.O. Box 20452
Cranston, RI 02920**

*Scholarship applications will be available in March upon request to the above address and on our Web-site:
www.stxavialumnae.org*